

## FORM 5: Record of Restraint and Seclusion



### Form – Record of Restraint and Seclusion

St Mary's Mooroopna is a School which operates with the consent of the Bishop of Sandhurst and is owned and operated by Catholic Education Sandhurst Limited (CES Limited). This form is part of the [CES Limited Student Behaviour Framework](http://www.smmooroopna.catholic.edu.au) which is available at [www.smmooroopna.catholic.edu.au](http://www.smmooroopna.catholic.edu.au).

| Staff Member(s) completing form: |             |      |             |
|----------------------------------|-------------|------|-------------|
| Name                             | Insert Text |      |             |
| Position                         | Insert Text |      |             |
| Date                             | Insert Text | Time | Insert Text |

| Student Details |             |            |             |
|-----------------|-------------|------------|-------------|
| Student Name    | Insert Text |            |             |
| Age             | Insert Text | Gender     | Insert Text |
| Grade           | Insert Text | Disability | Insert Text |

| Student Details |             |            |             |
|-----------------|-------------|------------|-------------|
| Student Name    | Insert Text |            |             |
| Age             | Insert Text | Gender     | Insert Text |
| Grade           | Insert Text | Disability | Insert Text |

| Incident Details |             |          |             |
|------------------|-------------|----------|-------------|
| Date of incident | Insert Text |          |             |
| Start Time       | Insert Text | End Time | Insert Text |

|                                |             |
|--------------------------------|-------------|
| <b>Incident location</b>       | Insert Text |
| <b>Restraint or seclusion?</b> | Insert Text |

When describing the incident in the following boxes use clear, descriptive language that would enable a person not present to visualise the incident. If you cannot remember events, state that.

**Describe what was happening *prior* to the occurrence of the behaviour and/or incident (triggers, antecedents, precipitating factors etc.):**

Insert Text

**Describe staff behaviours/interventions used to de-escalate and alternatives to restraint / seclusion that were attempted. If no efforts were made, explain further:**

Insert Text

**Describe the specific behaviour and/or incident that necessitated the need for restraint / seclusion:**

Insert Text

|  |
|--|
|  |
|--|

| What was the reason that necessitated the need for restraint / seclusion?          |                          |
|--|--------------------------|
| Immediate danger of injury to the student  | <input type="checkbox"/> |
| Immediate danger of injury to another student or adult                             | <input type="checkbox"/> |
| Behaviour takes place in high risk environment that immediately jeopardises safety | <input type="checkbox"/> |
| Immediate risk of a criminal act that would impact on the safety of others         | <input type="checkbox"/> |
| Immediate risk of serious damage that would impact on the safety of others         | <input type="checkbox"/> |

| What was the student response(s)? |                          |                                |                          |
|-----------------------------------|--------------------------|--------------------------------|--------------------------|
| De-escalated quickly              | <input type="checkbox"/> | De-escalated gradually         | <input type="checkbox"/> |
| Calmed then re-escalated          | <input type="checkbox"/> | Escalated (once or repeatedly) | <input type="checkbox"/> |
| Fatigued                          | <input type="checkbox"/> | Focussed on another person     | <input type="checkbox"/> |

| Details of injuries * |             |
|-----------------------|-------------|
| <b>Name</b>           | Insert Text |
| <b>Position</b>       | Insert Text |
| Insert Text           |             |

*\* please complete an incident / accident / near miss report form*

| This is a full and accurate report of events:  |             |                  |   |
|--|-------------|------------------|---|
| <b>Person completing the form</b>  | Insert Text | <b>Signature</b> | <input style="width: 100%;" type="text"/> |
| <b>Principal</b>   | Insert Text | <b>Signature</b> | <input style="width: 100%;" type="text"/> |
| <p><b>Ensure this record is forwarded to Catholic Education Sandhurst Limited by email <a href="mailto:protect@ceosand.catholic.edu.au">protect@ceosand.catholic.edu.au</a> and retained on student file</b></p> |             |                  |   |

